

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Tiaht for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) David Koch Mailing Address 870 United Nations Plaza Apt. 37-E City New York State NY Zip Code 10017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Koch Industries Occupation Executive VP Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 61004.C22800 Amount of Each Receipt this Period 2100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Sam Kouri Mailing Address 619 N. Armour City Wichita State KS Zip Code 67206 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Surgeon Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 6 <b>Transaction ID:</b> 61004.C22786 Amount of Each Receipt this Period 200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Steven Laughlin Mailing Address 210 S Dean, Box 293 City Mount Hope State KS Zip Code 67108 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation General Contractor Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 6200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 61004.C22852 Amount of Each Receipt this Period 2100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4400.00

**TOTAL** This Period (last page this line number only) .....